

Form CPF M 102: Campaign Finance Report Municipal Form

ELECTION For Campaign and Political Finance SOMERVILLE, MA

File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: 20 Beginning Bate: 18, 2013 Ending Date: October 18, 2013
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Candidate Full Name (inapplicable) Candidate Full Name (inapplicable) Committee Name Committee Treasurer Warns of Committee Treasurer Committee Treasurer Committee Mailing Address Telephone Number (optional): Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Winter Hill Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disburgements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on Schalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Candidate with Committee Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature)
Signed under the penalties of perjury: (Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Received	Name and Residential Address (alphabetical listing required)	aber on each page.) Amount	Occupation & Employer (for contributions of \$200 or more)		
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The state of the s					
	And the second s				
ne 9: Total Receir	ots over \$50 (or listed above)				
Line 10: Total Receipts \$50 and under* (not listed above)					
no 11. TOTAL R	ECEIPTS IN THE PERIOD		←□ Enter on page 1, line 2		

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/15/13-	Winder Hill Bank	342 Browdway Someville, MODIN	Morthly bons Fee	#2-00/ Mach
			£	1
and the second s				
		Line 12: Total Expenditures over	r \$50 (or listed above)	получения получе
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	\$20,00

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				Linguight spire and another in the spire in
ontributes more than he name and address	bution is received from a person who \$50 in a calendar year, you must report of the contributor, in addition, if the			
ontribution is \$200 ontributor's occupat	or more, you must also report the ion and employer. Enter on page 1, line 6 →	Line 16: In-Kind Contribution Line 17: TOTAL IN-KIND (s \$50 & under (not listed above)	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

during this reporting	д репод.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 (4) 3 (4)	- [1] 1 (1)	
Date Incurred	To Whom	Due	Address		Purpose	Amount
				The state of the s		
				THE PERSON NAMED IN COLUMN NAM		
	Tomas de la companya					
		·		TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE		
				The state of the s		
		The state of the s				
	Enter on pag	e 1. line 7 →	Line 18: TOTAL OU	TSTANDI	NG LIABILITIES (ALL)	